

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: HALOGEN INCANDESCENT LAMP
Attorney Docket Number:: 03P05745
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: WOLFGANG
Middle Name::
Family Name:: ANDORFER
City of Residence::
State or Province of Residence:: MUNCHEN
Country of Residence:: GERMANY
Street of Mailing Address:: LIMES STR. 8

City of Mailing Address::
State or Province of Mailing Address:: MUNCHEN
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81243

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: AXEL
Middle Name::
Family Name:: BUNK
City of Residence:: MUNCHEN
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: HOGLWORTHER STR. 382B

City of Mailing Address:: MUNCHEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 81379

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: FRANK
Middle Name::
Family Name:: GLOCKLER
City of Residence:: SCHERNFELD
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: AM WASSERTURM 11

City of Mailing Address:: SCHERNFELD
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 85132

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: CHRISTOPH
Middle Name::
Family Name:: KRIEGLMEYER
City of Residence:: HITZHOFEN/HOFSTETTEN
State or Province of Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: INGOLSTADTER STR. 3

City of Mailing Address:: HITZHOFEN/HOFSTETTEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 85122

Correspondence Information

Correspondence Customer Number:: 24,252

Name:: OSRAM SYLVANIA
Street of Mailing Address:: 100 Endicott Street
City of Mailing Address:: Danvers
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01923
Phone Number:: 978-777-1900
Fax Number::
E-Mail Address::

Representative Information

Representative Customer Number::	24,252
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2004/000723	4/6/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10318051.6	4/17/03	Yes

Assignment Information

Assignee Name:: PATENT-TREUHAND-GESELLSCHAFT
FUR ELEKTRISCHE GLUHLAMPEN MBH
Street of Mailing Address:: HELLABRUNNER STR. 1

City of Mailing Address:: MUNCHEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 81543